

Happy Hour



Join us for the third annual Happy Hour,

exclusively for Polk County Medical Society

WEDNESDAY AUGUST 7TH, 2019 5:00-8:00 PM

JUNIPER MOON 2005 INGERSOLL AVE, DES MOINES, IA 50309

The more of you that come, the better Happy Hour will be!

Food and drink provided. Attire: Business casual. No program... just casual conversations.

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Official Publication of the Polk County Medical Society

VOLUME 91 No. 3

Des Moines, Iowa May/June 2019

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Bulletin MAY/JUNE 2019 MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY

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COVER PHOTO: The annual staircase picture at the Polk County Medical Society's Annual Volunteer Physician Network Appreciation Reception hosted by Governor Kim Reynolds at Terrace Hill.

Articles and editorial inquiries should be directed to:

Editor, PCMS Bulletin 1520 High Street Des Moines, IA 50309

http://www.pcms.org e-mail: pcms@pcms.org

515-288-0172

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POLK COUNTY MEDICAL SOCIETY

2019 Legislative Report



John Cacciatore PCMS Lobbyist



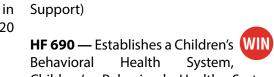
Lon Anderson PCMS Lobbvist

The Polk County Medical Society (PCMS) staff and Government Relations team worked tirelessly on legislation that impacts, you – our members, your patients and the practice of urban medicine in Central Iowa.

Below is a summary of PCMS legislative WINS and noteworthy bills of interest to the Polk County Medical Society during the 2019 Legislative Session. Please note that this is the first year of the General Assembly. Legislation not enacted in 2019 will be eligible during the 2020 session.

Bills Signed by Governor Reynolds

SF 563 — Requires pharmacy benefit managers to annually



Behavioral Health System, Children's Behavioral Health System State Board, and establishes certain core services for mental health. (PCMS Support)

report prescription drug rebates as well as administrative fees and the price charged by drug manufacturers. (PCMS Support)

HF 766 — The final version of the Health and Human Services appropriations bill removed the request for proposal requirement and added \$20,000 to the Volunteer Physician Network (VPN) Program for a total of \$225,000 for the program. (PCMS Support)

HF 623 — Relates to prior WIN authorization for medicationassisted treatment under the Medicaid program. (PCMS Support).

HF 532 Relates to the WIN awarding of medical residency positions in Iowa. The Univ. of Iowa Carver College of Medicine is required to conduct a study regarding the state's workforce challenges related to the recruitment and retention of primary and specialty care physicians. (PCMS Support)

Bills Vetoed by Governor Reynolds

HF 732 — Is the Medical Cannabidiol Act, which changes the limit from 3% THC to 25 grams and adds medical conditions that qualify for use of medical cannabis. (PCMS Undecided).

Bills of Note That Failed to Pass

SF 592 — Relates to the practice and licensure of Physician Assistants. (PCMS Monitoring)

572 — Relates to controlled including information substances collection and reporting requirements. (PCMS Monitoring)

HF 752 — Relates to professional W licensing, including review of licenses, allowing for preapplication qualification review, and fees. (PCMS Opposed)

HF 310 — Expands scope of WIN practice for optometry. (PCMS Opposed)



PCMS FOUNDATION

Did you know?

PCMS Collaborates to Benefit Public Health

The Polk County Medical Society continually strives toward its mission of improving the general health of the community by collaborating with many local health-care related organizations.

These organizations include, but are not Limited to:

- · The Volunteer Physician Network Program
- Polk County Health Department Lead Poisoning Prevention Coalition
- · IHCC Domestic Abuse Guide
- · PCHD lead Coalition Free Clinic
- · Polk County Health Department
- · Multi-Disciplinary Emergency Planning Group
- · Iowa Collaborative Safety Net Provider Network
- · PCHD Jump Start Back-to-School Fair
- · PCHD Immunization
- Kathie J Lyman Scholarships for future physicians
- Back to School physicials
- Foot and ankle clinics

You can help, by donating time or money to the PCMS Foundation TODAY! https://pcms.org/about-us/contact/donate/



TAKING CARE OF Pacha Mama

By: Doug Massop, M.D.

Dear Colleagues,

Like you, I have read with interest several of the presidential commentaries in the PCMS Bulletin that have stressed issues about the health of our patients, communities, and our fellow care providers. While these concerns rightly are prominent in the mind of every healthcare professional, I am increasingly concerned about a major issue facing us—the health of our planet.

There are a multitude of global health issues regarding all aspects of our environment contributing to the healthcare of our patients.

One thousand years ago, the Andean culture fostered respect and care of Pacha Mama — the Goddess of Mother Earth. Even then, the dichotomy of the earth taking care of people and people taking care of the earth was respected.

Without the help of bulldozers and cranes, these people terraced their farmland to control erosion and optimized hybrid diversity. They actively managed water quality and availability, recycled sparse materials, and managed sewage waste to pursue a higher quality of public health. They recognized the importance of sustainability of Pacha Mama.

Consider that by 2050, National Geographic estimates that there will be more plastic and Styrofoam (by weight) in the oceans than ALL living things. There is currently an island of trash in the center of the Pacific Ocean that is approximately the size of Texas and dozens of feet thick.

Several species of fishes, whales and other mammals are literally starving to death because their stomachs are filled with gigantic bezoars of these plastic

PRESIDENT'S MESSAGE

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materials, and they cannot eat. These types of synthetics break down into microplastics that get into the bottom of the food chain, are progressively consumed by larger animals, and lead to fatality.

These microplastics absorb many of the toxic chemicals (phenols, benzenes, hydrocarbons, etc.) that are dumped into the ocean. By 2050, estimates suggest marine life will be too toxic for human consumption. The only "seafood" will come from fish farms, and oceanic wildlife will be a cesspool of poison.

In short, humanity as whole is doing a horrendous job of taking care of our

planet. As health care professionals, we spend a lot of time and effort caring for our patients, communities, and ourselves as providers. I would like to challenge all of you to think more about care of Mother Earth and how it relates to our mission of serving the common good. Perhaps most importantly, please be vocal advocates when you have the opportunity to do so.

Consider how much garbage you are using and putting into the ecosystem. Try to use non-plastic or reusable containers, reusable bags for shopping/groceries, and avoid Styrofoam. At our clinic, we are purchasing thermal drink containers for multiuse for all employees



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THE ART OF Medicine and AI

By Paula A. Noonan, CEO

Recently, in reading an article on new developments and implementation of Artificial Intelligence (AI) in health care, I was reminded of the insurance television commercial where the customer service agent is a robot. As in the commercial, and in real life, when dialing customer service at almost any organization, humans interact with faceless technology lacking the capacity of compassion and understanding, which can be frustrating.

Let's face it, this is the modern age. We are in a full-on technology-based society, integrating more and more at every level of business and industry.

This is a thrilling time in our evolution of civilization and a scary time also. It can bring to mind images of the Terminator or nicer images of miracle healing through technological advances, like we see in futuristic scifi shows or movies, such as Star Trek or Star Wars. What does this ultimately mean to us in health care?

Computers don't have bias. They are not affected, like humans with emotion, stress, sleep deprivation and can work endlessly. Will they be the new norm in health care moving forward, as technology advances?

In testing we already are enabling technology such as Current Health's AI wearable device that measures multiple vital signs at home allowing a patient to be completely monitored with COPD or Heart Failure and alerts physicians to critical issues. According to WorldHealth.Net, a new University of California artificial intelligence system can detect Alzheimer's

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disease 6 years early with 100 percent accuracy before hallmarks used by doctors, leading to early diagnosis which may lead to more effective treatments, as published in Radiology.

Thirty-five percent to 45 percent of operating rooms (ORs) in the US and beyond will become integrated with artificial intelligence and virtual reality technologies by 2022, according to a recent Frost & Sullivan analysis.

Where does this leave the health care professional in the future? What role will we be filling side by side with this integrated technology?

The practice of medicine is about compassionate service. There is a

certainty about healthcare, at its most basic level ... it is the emotional experience of giving and receiving that care. It is the human interaction that can make us strive to fight to live, to get better, to be better. There is a passion in the work that you do as a healthcare professional.

In this there will always be a need. The health professionals' mission of service to others and the art of medicine is critical to the success of healthcare. The robots and the Al are a necessary part of advancing cure potential, but it is our humanity, compassion, dedication, commitment and passion in service to others that will always be the driving force in medicine and the art of healing.





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- Vascular Surgery
- Vein Therapy Center
- West Lakes
- **Medical Equipment**
- West Lakes Sleep Center
- Women's Center

POLK COUNTY MEDICAL SOCIETY ADVOCACY in Washington, D.C.



Iowa Delegation in D.C. – panel discussion attended by Polk County Medical Society

The Polk County Medical Society (PCMS) met with our Iowa Delegation in Washington, DC in May, to discuss healthcare issues impacting lowa. On the Federal agenda were the Medicare Disparity for physicians (GPCI), Conrad 30 expansion legislation, and drug pricing transparency and fairness.

PCMS has a delegation of members representing federal policy issues going to Washington, DC again, on September 11th. Please let us know of any issues you would like discussed with our delegation, as your representatives.



one on one time with Senator Joni Ernst.

Senator Charles "Chuck" Grassley and Paula Noonan, PCMS CEO. PCMS BULLETIN · MAY/JUNE 2019

Issues in Iowa.

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and will use cellulose based cups only for visitors. This will get rid of an estimated 100,000 Styrofoam cups per year—just in our clinic! Experts estimate one Styrofoam cup will last over 1000 years before breaking down. That is not to say this change or any other change will singlehandedly fix our issues, but it is our responsibility to do everything we can and be the positive change we strive to see in the world.

While less obvious, please try to become aware of microplastics and their ubiquity in everyday products such as toothpaste, cosmetics, and cleaning products. Please try to read the fine print on products you buy and avoid these microplastics as much as possible.

Our profession and our society as a whole need to fundamentally change

our care for Pacha Mama. She is getting sicker by the year, and as health care professionals we need to lead by word and example as to how we care for her. Please thoughtfully consider this as you make choices about your carbon, plastic, and other garbage footprints. Consider looking at the available literature on this; be vocal advocates when needed. Vote for politicians who take this issue seriously.

I look forward to working as your president on this and all issues before us as healthcare leaders in our communities.

All the best, Douglas Massop, M.D. PCMS President



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THE POLK COUNTY MEDICAL SOCIETY EXTENDS APPRECIATION FOR OUR

2019 VOLUNTEER
PHYSICIAN NETWORK
APPRECIATION RECEPTION
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VOLUNTEER PHYSICIAN NETWORK RECEPTION at Terrace Hill

Governor Kim Reynolds welcomed Polk County Medical Society (PCMS) Volunteer Physician network (VPN) specialists and hospital partners to an appreciation reception at Terrace Hill, Wednesday, May 22nd, 2019.

The Governor thanked the Polk County Medical Society members and physician specialist VPN doctors for their commitment and dedication to provide specialty care to almost 4000 lowans in need last year. Governor Reynolds recognizes that the VPN is a vital program in lowa as the ONLY free specialty care program. Together with our Des Moines hospital partners the VPN contributed over \$9 million in free specialty care and hospitalizations in 2017/18.



Iowa State Governor Kim Reynolds hosts and addresses the Polk County Medical Society Volunteer physicians and distinguished guests at the PCMS VPN Terrace Hill Reception.

PCMS EVENT

Continued from page 14

L-R: Steven Craig, M.D., Sara Craig Gongol, Paige Thorson and Thomas Becker, M.D. enjoy the atmosphere of historic Terrace Hill while discussing the VPN program for Iowans in Need.





L-R: Jody Jenner, Christy Benson, M.D. and Jillian Grund came in support of the wonderful volunteer specialty health care services provided by PCMS members and physician specialist volunteers.

L-R: Bret Ripley, D.O., Charles Keller, M.D., Will Wortman, M.D., Dana Wortman and medical student Alicia Manning, D.O.-21 (a past PCMS Kathie J. Lyman Scholarship recipient) gather to celebrate and hear Governor Reynold's address to the PCMS physicians, members and guests, regarding the VPN program.





L-R: Greer Sission, Governor Kim Reynolds and VPN benefactor Julie Evans of The Evans Family Foundation, speak about the importance of the VPN program in the quality of life for so many Iowans, allowing them to return to school or work and contribute positively to their communities.

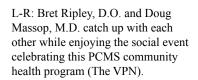
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L-R: Michael Jackson, M.D. and Charles Keller, M.D. enjoy some conversation and tasty appetizers at the VPN Appreciation Reception at Terrace Hill.

L-R: Steven Craig, M.D. and colleague Susan Jacobi, M.D. enjoy the evening and are appreciated as PCMS member volunteer physician specialists participating in the program.



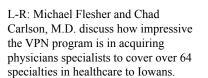
L-R: Janie Hendricks, D.O. and Peggy Luciano are amazed with the beautiful historic architecture and furnishings of the event host site – Terrace Hill.

L-R: Carlos Alarcon, M.D. and Marygrace Elson discuss the positive impact the VPN program has on public health in Iowa.



L-R: VPN reception guests and PCMS members gather in the grand hallway to listen to the Governor speak about the Volunteer Physician Network program.

L-R: Lon Anderson (who worked on behalf of PCMS with the legislature on the VPN program) and Barb Boose celebrate all of the great impact the PCMS volunteer physician specialists bring to Iowans.





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6TH ANNUAL PCMS ZOO BREW



The Polk County Medical Society members, guests and sponsors braved the rain forest like weather to attended the 6th Annual PCMS ZOO BREW event on Wednesday, June 19th, 2019, at the Blank Park Zoo. The event turned out to be an adventurous night in support and awareness for PCMS Foundation programs such as the Kathie

J. Lyman Scholarship for medical students and medical missions. It was a "wild" night of animals, fun, camaraderie, food and live music for a great cause – promoting the future of medicine and community health programs supported through PCMS. Thank you to all who attended and supported this great evening!



L-R: PCMS President-Elect Will Wortman, M.D. and Dana Wortman exercise their adventurous side at the 6th Annual PCMS Zoo Brew.

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L-R: Marty Crowder, Janie Hendricks, DO and Shari Stone anticipate a tropical adventure enhanced by the rainforest weather effect of the evening.



L-R: Amy Miller, Robert "Tim" Yoho, DPM and Todd Miller DPM embark on their first PCMS Zoo Brew safari.

L-R: Bret Ripley, DO and Mitzi Lizer are dressed and ready to take on a wild evening of fun and music.

FEATURE ARTICLE

TERMINATING PATIENT RELATIONSHIPS

By Julie Brightwell, JD, RN, Director, Healthcare Systems Patient Safety, Department of Patient Safety and Risk Management, and Richard Cahill, JD, Vice President and Associate General Counsel, The Doctors Company

Just as it is an acceptable and reasonable practice to screen incoming patients, it is acceptable and reasonable to know when to end patient relationships that are no longer therapeutic.

It is critical, however, to end the patient relationship in a manner that will not lead to claims of discrimination or abandonment.

It is appropriate and acceptable to terminate a relationship under the following circumstances:

- Treatment nonadherence.
- Follow-up nonadherence.
- Office policy nonadherence.
- Verbal abuse, violent behavior, or threats of physical harm.
- · Nonpayment.

A few situations, however, may require additional steps or a delay or even prohibit patient dismissal. Examples of these circumstances include:

- If the patient is in an acute phase of treatment, delay ending the relationship until the acute phase has passed.
- If the practitioner is the only source of care within a reasonable driving distance, or when the practitioner is the only source of specialized care, he or she is obliged to continue care until the patient can be safely transferred to another practitioner.
- If the patient is in a prepaid health plan, the patient cannot be discharged until the practitioner complies with the terms of the payer-provider agreement.
- A patient may not be dismissed or discriminated against based on limited English proficiency, or because he or she falls within a protected category under federal or state legislation.
- If a patient is pregnant, the physician can safely end the relationship during the first trimester if the pregnancy is uncomplicated and there is adequate time for the patient to find another practitioner.

L-R: Donald Fillman, MD and Mary Fillman come ready to take on the wildlife at the 6th Annual PCMS Zoo Brew.



L-R: Amy Miller and Todd Miller, DPM poise themselves before embarking on a Lion Hunt!



HEALTHY HOMES:

The Impact On Patient Health

How can a home impact your patient's asthma?

Each year, asthma affects the health of 25.9 million people living in the United States. Of those who are affected by asthma, more than one third is under the age of 18 according to the Centers for Disease Control and Prevention (CDC). Children with asthma miss more school days and have more trips to the emergency room than any other chronic health condition. There are many courses of medical treatment to lessen asthma flare ups and help alleviate systems, yet the health of your patient's home can also be a treatment regimen.

Our patient's home can be filled with many environmental triggers that exacerbate their asthma.

Those triggers can include:

- Dust and dust mites
- Animal dander
- Cockroaches
- Mold and moisture

- Cigarette smoke
- Air fresheners and fragrances
- Cleaning products

Have a conversation with your patients about their current living conditions for themselves and their children. There are many simple steps they can do to improve the environmental conditions of their home. If dust mites are a concern, discuss using a vacuum with a HEPA filter to trap allergens. Make sure to have them wash bedding in hot water once a week and encase pillows, mattress and box spring in allergen covers. Mold triggers can be reduced by using a dehumidifier or air conditioner to maintain humidity at 50% or below. Bathroom and kitchen vents should be run when bathing and cooking to remove mold in the home. Bathroom and dryer vents should be vented outside.

To reduce cockroaches and mice, have a discussion with patients about keeping their home clean. Dirty dishes should never be left out in the open. Keep food, garbage and pet food in tightly sealed





Appreciating the GOOD TIMES

JOE BANTZ CFP®, AIF®, CKA®, Lead Advisor

For nearly my entire life, I've been the model of health. I rarely got sick, was free from significant injury (except a dislocated shoulder in college), and rarely missed a day of school or work. I would hear about others' health challenges and could empathize but couldn't really relate. I took for granted feeling good in the morning, going out for a morning jog, and going to the gym for a good workout.

Until October 16, 2017. Cancer. Prostate cancer. The same disease that took my dad's life six and a half years prior.

I felt fine but now had all sorts of questions, uncertainty, and anxiety racing through my mind. Suddenly, I had a new appreciation for the 51 years of good health I had enjoyed. All the years of "easy good health" suddenly were put into perspective. I searched online, hoping to understand what was happening inside my body. I talked to numerous men who had walked this path before me. But ultimately, my doctor and I decided on a plan, and we walked through the plan together. I knew he had my best interests in mind as we discussed options, knowing his professional expertise and training gave him more insight than what I could find online.

Investing is kind of like that, as well. I came into this profession in 2003. In fact, I often have joked the markets woke up from the early century doldrums in March, 2003 when Foster Group issued me an opportunity to join the company. For the first 54 months, the markets just went up. I was a bit perplexed when we had a month that was flat or perhaps even slightly negative! Then, ten years ago, I learned how fickle the markets can be and appreciated the good times more as 2008 ended.

Following that, the markets had another great run, and it became easy to get complacent and think the good times were simply a "new normal." But then the month of March happened, like a cancer diagnosis, and we were reminded: It's the willingness to walk through the volatility that makes us investors and not speculators.

That's where my cancer story ties in. I worked with my doctor to get through the valley, to find a solution and emerge healthy. I didn't panic and take matters into my own hands. I listened to counsel and direction, learned how the body works, and executed the plan. The future is still unknown, though all signs indicate successful treatment. But I have confidence and peace, because I've stuck to a solid plan. I have a renewed appreciation for a healthy body!

If the market volatility of the last few months has gotten you a bit unsettled, talk to to your financial advisor, appreciate the good times when we have them, and walk through the valleys with confidence. Work your plan and don't be afraid to call us. We put your interest first. **EVERY TIME**.

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PCHD NEWS BRIEF

Continued from page 23

containers. Food should only be kept in one room. Surfaces and floors should be cleaned, washed and mopped once a week.

Your patients can also qualify for the Healthy Homes Des Moines Program. Healthy Homes Des Moines looks for the root cause of asthma. Common triggers, such as mold, dust, chemicals and pests, are often present in homes, and if the triggers are eliminated, the child's quality of life vastly improves while asthma attacks are reduced.

Along with education aimed at providing families with skills to manage asthma symptoms, families receive cleaning supplies and home repairs to eliminate asthma triggers. The program depends on health care and school systems for referrals. The program accepts children and families who have children between the ages of two and 18, live in Polk County, lowa, have health diagnoses of asthma and Reactive Airway Disease and less than 80% median area income or Medicaid eligible households.

For more information about Healthy Homes Des Moines, please visit: www.healthyhomesdesmoines.org.

Information provided by the Centers for Disease Control and Prevention, Healthy Homes Des Moines and Healthy Homes Coalition of West Michigan

News...News...News!

Polk County Medical Society wants to know what's new with you. Have you been appointed to a board or received an award? Please take a moment to write

in below what's new with you to share and motivate your colleagues!

Name

What's new:

Return this information and any photos to the editor at pcms.org!

AUGUST BIRTHDAYS

16 1 Abdul L. Chughtai, M.D. Eric L. Martin, M.D. David P. Harrison, D.O. 17 Dana Danley, M.D. Norma J. Hirsch, M.D. David W. Mc Allister, D.O. Gary Yuille, M.D. Blythe Harris, M.D. 18 Jonathan M. Fialkov, M.D. Lisa J. Menzies, M.D. Douglas B. Dorner, M.D. William J. Yost, M.D. 20 Steven Strang, D.O. Marc L. Klein, M.D. Dawn M. Schissel, M.D. Julie Carmody, M.D. 21 Naveen Husain, M.D. Thomas McAuliff, D.O. Susan M. Jacobi, M.D. 24 Gregg B. Polzin, M.D. Carolyn Beverly, M.D. Phillip Bryant, D.O. 25 Matthew P. Rauen, M.D. Scott A. Honsey, M.D. Raymond L. Webster, M.D. Melinda Hansen, M.D. 26 Duane M. Jensen, M.D. Maurice M. Hart, M.D. Shirley Pua, M.D. Douglas W. Massop, M.D. John M. Rhodes, Jr., M.D. 13 Dev Puri, M.D. 29 Dale T. Steinmetz, M.D. Christine Carstensen, M.D. 14 30 Steven J. Rosenberg, M.D. Christopher F. Blodi, M.D. Daniel G. Sloven, M.D. Bernard J. Munro, M.D. 15

Michael Nicholson, D.O.

Mark S. Bissing, D.O.

Charles O. Lozier, M.D. Corey W. Mineck, M.D. Craig A. Shadur, M.D.

SEPTEMBER BIRTHDAYS

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2 Noreen O'Shea, D.O.

3 Steven Cahalan, M.D. Robert H. Hoyt, M.D.

4 Ryan S. Bakke, M.D.

5 Joseph Yankey, D.O.

6 David C. Ball, M.D. Jay A. Rosenberger, D.O.

8 Timothy F. Drevyanko, M.D. James F. Lawler, M.D. Robert H. Zeff. M.D.

9 Nicholas Honkamp, M.D. Monmohan Singh, M.D.

10 Kevin J. Cunningham, M.D. Curtis L. Hoegh, M.D.

11 Mark R. Matthes, M.D.

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29 Douglas A. Layton, D.O. Benjaminn S. Paulson, M.D.

30 Jennifer A. Groos, M.D. Randall H. Hamilton, M.D.

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7 Alliman, Kyle J., M.D. Bishop, Ellie L., D.O.

8
Benzoni, Thomas E., D.O.
Brown, Elizabeth A., M.D.
Craig, Steven M., M.D.
Dexter, Royce K., M.D.
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19 Cunningham, Sean D., M.D. 20 Hall, Kenton J., M.D. Kuestner, Laurie M., M.D.

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27 Stern, John A., M.D.

28 Franklin, Cass, M.D. Hanson, Douglas, M.D.

29 Cummings, James M., M.D.

30 Wahlig, Theresa M., M.D.

Cornelder, David, D.O. Southard, Nicholas M., D.O. During the second trimester, a relationship should be ended only when it is an uncomplicated pregnancy and the patient is transferred to another obstetrical practitioner prior to the cessation of services. During the third trimester, a relationship should end only under extreme circumstances.

 The presence of a patient's disability cannot be the reason(s) for terminating the relationship unless the patient requires care for the particular disability that is outside the expertise of the practitioner.

When terminating the relationship is appropriate and none of the restrictions mentioned above are present, termination of the relationship should be completed formally.

Put the patient on written notice that he or she must find another healthcare practitioner. The written notice should be mailed to the patient by both regular mail and certified mail with a return receipt requested. Keep copies of all the materials in the patient's medical record.

More details on what to include in a written notice can be found in the expanded version of this article: www.thedoctors.com/articles/terminating-patient-relationships/.

The guidelines suggested here are not rules, do not constitute legal advice, and do not ensure a successful outcome. The ultimate decision regarding the appropriateness of any treatment must be made by each healthcare provider considering the circumstances of the individual situation and in accordance with the laws of the jurisdiction in which the care is rendered.



Would you like to write an original article to have published it in the PCMS bi-monthly Bulletin? Topics for articles should be related to the medical field or about one of our members. Please submit articles to the Polk County Medical Society by email at pcms@pcms.org. Listed below are the requirements for publication:

- Submit original article typed on one side, single-spaced. Length of article preferred one to two pages 8-1/2 x 11" paper or 350 words.
- 2. Articles should have titles not to exceed five words and may be reconstituted at the discretion of the editor.
- 3. A recent photo of author and subject is desirable.
- 4. Byline information should include the highest degree or title, office or pertinent affiliation.
- 5. Articles may be edited to conform to publication style.
- All articles written become the permanent property of Polk County Medical Society and may not be published elsewhere without permission from PCMS.
- 7. Articles not received by issue deadline may be published in further issues.
- 8. Articles are received with the explicit understanding that they are not simultaneously under consideration by another publication.

Continued from page 22



L-R: Guiliana Vande Zande, DO, Kaitlyn Cunningham, M.D. and Catherine DelRosario, M.D. come out in force to meet new colleagues and check out the music, wildlife and fun!

PCMS members and guests enjoying food and music at the 6th Annual PCMS Zoo Brew.



The wild life checks out PCMS physicians and guests with interest.



And that's a wrap for another fun year at the PCMS Zoo Brew – See Ya'll next time!

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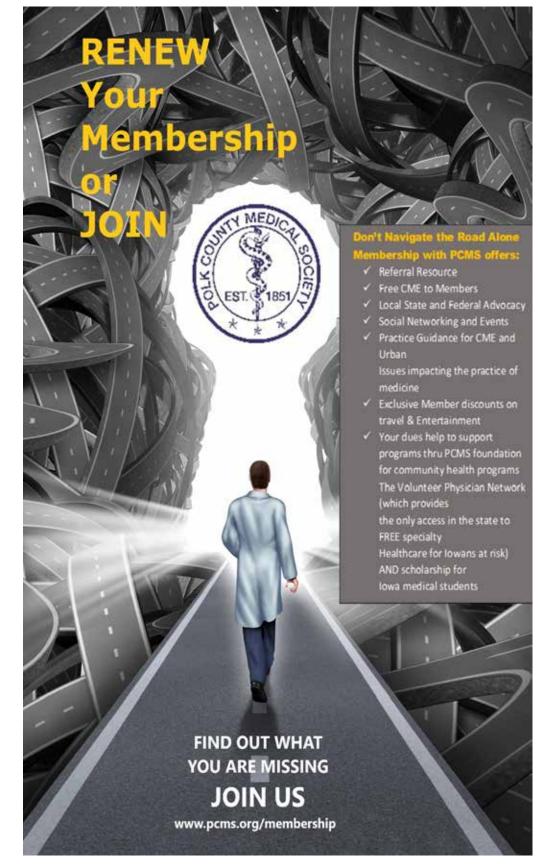
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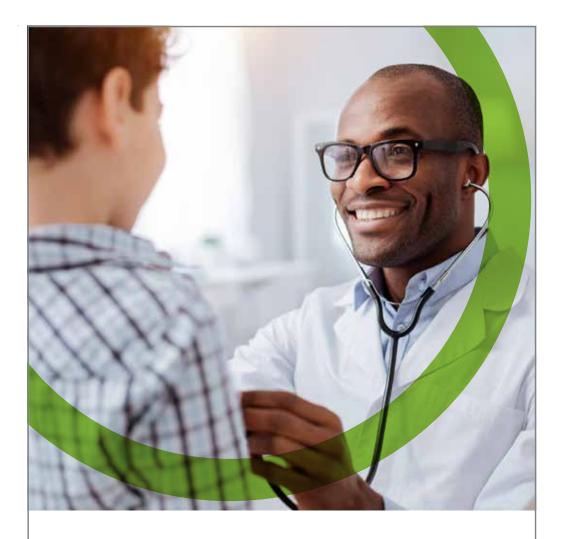




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